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INDICATION FORM**

Application Number	10/730,446
Filing Date	December 8, 2003
First Named Inventor	Cheryl L. Wells
Title	Visual Stimulation Attachment
Art Unit	3712
Examiner Name	Abdelwahed, A.
Attorney Docket Number	UPAW-30181-2-CON

I hereby appoint:

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27883

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)

Name	Cheryl L. Wells				
Signature					
Date	8/19/04			Telephone	(214) 342-1396

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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